

**ARIZONA DEPARTMENT OF WATER RESOURCES**  
**Water Management Support Systems**  
500 N. Third Street, Phoenix, Arizona 85004  
Telephone (602) 417-2465  
Fax (602) 417-2467

**LONG-TERM STORAGE CREDIT  
TRANSFER FORM A.R.S. § 45-854.01**

For Official Use Only

**DATE RECEIVED:** \_\_\_\_\_

**[FOR SELLER]**

\_\_\_\_\_  
Name of Seller

\_\_\_\_\_  
Long-Term Storage Account No.

\_\_\_\_\_  
Contact Person/Telephone Number

\_\_\_\_\_  
Facility Permit Number (where source water was stored)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Water Storage Permit Number (authority to store source water)

\_\_\_\_\_  
City/State/Zip

**Number of long-term storage credits (in acre-feet) transferred by type(s) of water and year credits were earned.**

Type: \_\_\_\_\_ acre-feet \_\_\_\_\_ year earned \_\_\_\_\_

Type: \_\_\_\_\_ acre-feet \_\_\_\_\_ year earned \_\_\_\_\_

**[FOR BUYER]**

If the transfer includes long-term storage credits earned from the storage of Central Arizona Project (CAP) water in an Active Management Area (AMA), please state:

\_\_\_\_\_  
Name of Buyer

1. The date of Buyer's formation (if Buyer is a legal entity): \_\_\_\_\_.

\_\_\_\_\_  
Contact Person/Telephone Number

2. The amount of groundwater withdrawn by Buyer in the AMA during the calendar year that the credits were earned:

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_.

\_\_\_\_\_  
City/State/Zip

a. The groundwater right number(s) the Buyer withdrew the groundwater pursuant to:

\_\_\_\_\_  
Long -Term Storage Account No. (if any)

\_\_\_\_\_

**Pursuant to A.R.S. § 45-854.01(C), the director of the Arizona Department of Water Resources may reject and invalidate any assignment of long-term storage credits in which the stored water would not have met the requirements for long-term storage credits as prescribed by A.R.S. § 45-852.01 if the assignee had stored the water.**

The undersigned hereby certify, under penalty of perjury, that the information contained in this report is, to the best of their knowledge and belief, correct and complete and that they are authorized to sign on behalf of the party for whom their signature appears.

\_\_\_\_\_  
Authorized Signature for Seller

DATE

\_\_\_\_\_  
Authorized Signature for Buyer

DATE

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title